MERCY MANOR P.O. BOX 5003

JANESVILLE 53547 Phone: (608) 756-6050 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 75 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: ************************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	 응 		100.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	0.0	65 - 74 75 - 84	28.6 71.4	•	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94		**********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer	0.0	95 & Over	0.0	· · · · · · · · · · · · · · · · · · ·	
Home Delivered Meals	No	Fractures	0.0	•	100.0		raciics
Other Meals Transportation	No No	Cardiovascular Cerebrovascular		65 & Over 			77.1
Referral Service	No	Diabetes	0.0		%	LPNs	40.0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	14.3	•	71.4	Nursing Assistants, Aides, & Orderlies	141.4
Mentally Ill	No			Mare Female	28.6	•	141.4
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	 	

Method of Reimbursement

		edicare		_	dicaid tle 19			Other		P.	rivate Pay	:		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	303	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		7	100.0

MERCY MANOR

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Admissions, Discharges, and	I	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period	I						
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.7	Bathing	0.0		71.4	28.6	7
Other Nursing Homes	0.0	Dressing	28.6		42.9	28.6	7
Acute Care Hospitals	97.9	Transferring	42.9		28.6	28.6	7
Psych. HospMR/DD Facilities	0.0	Toilet Use	42.9		28.6	28.6	7
Rehabilitation Hospitals	0.0					0.0	7
Other Locations	0.7	*****	******	*****	******	******	*****
Total Number of Admissions	145	Continence		용	Special Treatm	nents	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	14.3	Receiving Re	espiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	0.0	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	9.0	Occ/Freq. Incontinent	of Bowel	14.3		ıctioning	0.0
Other Nursing Homes	72.3				Receiving Os	stomy Care	0.0
Acute Care Hospitals	1.6	Mobility			Receiving Tu	ıbe Feeding	14.3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.0	Receiving Me	echanically Altered Diet:	s 0.0
Rehabilitation Hospitals	6.9						
Other Locations	10.1	Skin Care			Other Resident	Characteristics	
Deaths	0.0	With Pressure Sores		14.3	Have Advance	e Directives	0.0
Total Number of Discharges		With Rashes		14.3	Medications		
(Including Deaths)	188				Receiving Ps	sychoactive Drugs	28.6

	This	±			All
	Facility			Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	28.0	87.4	0.32	85.1	0.33
Current Residents from In-County	100.0	84.3	1.19	76.6	1.30
Admissions from In-County, Still Residing	4.8	15.2	0.32	20.3	0.24
Admissions/Average Daily Census	690.5	213.3	3.24	133.4	5.18
Discharges/Average Daily Census	895.2	214.2	4.18	135.3	6.62
Discharges To Private Residence/Average Daily Census	81.0	112.9	0.72	56.6	1.43
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5	0.00
Private Pay Funded Residents	0.0	22.6	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3	0.00
General Medical Service Residents	0.0	21.8	0.00	20.5	0.00
<pre>Impaired ADL (Mean) *</pre>	45.7	48.9	0.93	49.3	0.93
Psychological Problems	28.6	51.6	0.55	54.0	0.53
Nursing Care Required (Mean)*	5.4	7.4	0.72	7.2	0.74